

POSITION	INITIALS <i>KB</i>	ID NO.	DATE <i>12/21/99</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>16</i>	<i>010300</i>
FORMALITY REVIEW	<i>ERW</i>	<i>70620</i>	<i>1-13-00</i>
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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7	✓	✓	
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If more than 150 claims or 10 actions  
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Best Available Copy